Student Financial **Aid**
A Department of Central Piedmont

UNUSUAL ENROLLMENT APPEAL FORM

Appeal Term: **Date:**

Part A: Student Information (Please Print)

Student Name: CPCC Student ID: Address:

Student Date of Birth: Student Cell Phone: Student CPCC Email:

Part B: Enrollment History

Based on Central Piedmont Community College records, academic records from other institution(s), and the National Student Loan Database (NSLDS) enrollment and financial aid records, it has been determined that credit was not earned at **each** institution attended within the past three award years while receiving the Pell Grant.

Below, please list the institutions attended within the last three award years that credit was not earned. If Central Piedmont Community College does not have an academic transcript for a previous institution, it is assumed academic credit was not earned. For your enrollment and Pell Grant history, visit www.nslds.ed.gov and sign in using your Federal Student Aid PIN number.

Institution Attended	Academic Year Attended		
	Fall Term	Spring Term	Summer Term
_____	☐ 2010-2011	☐ 2011-2012	☐ 2012-2013
_____	☐ 2010-2011	☐ 2011-2012	☐ 2012-2013
_____	☐ 2010-2011	☐ 2011-2012	☐ 2012-2013
_____	☐ 2010-2011	☐ 2011-2012	☐ 2012-2013

Are you a continuing student at CPCC? ☐ Yes ☐ No
(That is, have you enrolled at CPCC previously and earned college credit?)

If no, why have you decided to pursue a program at CPCC?

_____

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Warning: According to the U.S. Department of Education, if you purposely give false or misleading information on form, you may be subject to a fine of up to $20,000 or imprisonment for up to 5 years, or both.

Financial Aid/Veteran's Affairs – Central Piedmont Community College – PO Box 35009 – Charlotte, NC 28235-5009
Telephone: (704) 330-6942 Fax: (704) 330-5053

You may submit, fax or mail your documents to any of our six locations.

Part C: Appeal Documentation

1. **Submit a written statement for reasons credit was not earned at each of the institutions listed above.**
2. **Attach appropriate documentation that supports your written statement(s).**
   - For "mitigating" circumstances (e.g., illness, injury, bereavement, military, change in location, etc.) appropriate documentation may include a statement of support from a physician, counselor or clergy; court documents, obituaries, military orders, etc.
   - For "non-mitigating" circumstances (e.g., Change of major, unexpected academic challenges etc.) appropriate documentation may include a statement of support from an academic advisor, faculty member, or tutor, etc.
3. For each school attended, request an academic transcript be sent to CPCC's Financial Aid Office. Full review cannot be completed until your transcripts have been received.

PLEASE BE SURE TO SUBMT THIS FORM, YOUR STATEMENT, AND DOCUMENTATION AT THE SAME TIME.

Part D: Student Certification

☐ I understand that there is a lifetime Pell Grant limit of 12 semesters (or its equivalent). I can access my remaining Pell Grant eligibility with my Federal Student Aid PIN online at www.nslds.ed.gov.

☐ It is my responsibility to check my CPCC MyCollege account for updates to my financial aid status including the result of this appeal.

☐ If I fail to submit any additional information requested by the Student Financial Aid Office regarding this appeal by the appeal deadline, my appeal will be denied.

☐ I am responsible for paying any charges on my student account, including tuition and fees, whether I have financial aid or not. (Failure to pay outstanding charges on my account may result in all classes being dropped for non-payment and/or a hold placed on registration.)

☐ If my appeal is approved, I must meet with a Financial Aid representative to sign and agree to an academic progress plan which will extend my financial aid eligibility for only one probationary term.

My signature below confirms that all of the information I am providing on this application and in supporting documentation is true, accurate and complete.

Student Signature: _____ Date: _____

FINANCIAL AID OFFICE USE ONLY ____ Approved ____ Denied

_____

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_____

Date: _____ **Financial Aid Administrator:** _____

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